

Structured Case Report

Patient Information

Patient Name: _____

Medical Record Number: _____

Date of Birth: _____

Sex: _____

Date of Report: _____

Presenting Complaint

History of Present Illness

Past Medical History

Medications & Allergies

Current Medications: _____

Allergies: _____

Physical Examination

Investigations

Diagnosis

Treatment / Management

Follow-up / Outcome

Additional Notes

Prepared By: _____**Designation:** _____**Signature:** _____**Date:** _____